



RC-6-X Amended Cigarette Revenue Return

Station no. 065

Do not write above this line.

Read this information first

Do not send any payment with Form RC-6-X. Keep a copy of your completed Form RC-6-X for your records.

Step 1: Identify your business

- 1 Illinois Business Tax number (IBT no.): _____
 - 2 License no.: **C** - _____
 - 3 Business name: _____
 - 4 Business address: _____
Number and street
 - 5 For what tax period are you filing this return?
Month _____ Year _____
 - 6 Check here if your address has changed.
 - 7 Is this a final return? yes no
"Final" indicates you will no longer conduct business.
- City _____ State _____ ZIP _____

Step 2: Report your cigarette stock - Figures as they should have been reported

	Number of cigarettes
8 Inventory of all cigarettes on hand at the beginning of the month	8 _____
9 Cigarettes purchased during the month that were:	
a Imported into Illinois & not stamped (Sch. CA)	9a _____
b Purchased in Illinois & not stamped (Sch. CB)	9b _____
c Purchased with stamps affixed (Sch. CC)	9c _____
10 Add Lines 8 through 9c. This is your beginning inventory plus purchases.	10 _____
11 Cigarettes with Illinois stamps affixed that you returned to manufacturers	11 _____
12 Sales in interstate commerce (Sch. CD)	12 _____
13 Sales to other licensed distributors (Sch. CE)	13 _____
14 Other deductions (Sch. CH)	14 _____
15 Add Lines 11, 12, 13, & 14. This amount is your total deduction.	15 _____
16 Subtract Line 15 from Line 10. This is your inventory minus deductions.	16 _____
17 Cigarette inventory on hand at the end of the month (Sch. CF, Part 2c)	17 _____
18 Subtract Line 17 from Line 16. This is the number of cigarettes sold subject to tax.	18 _____
19 Multiply Line 18 by the appropriate mill rate.	19 \$ _____

Step 3: Report your cigarette revenue stamp usage- Figures as they should have been reported

	Dollar value
20 Value of all stamps on hand at the beginning of the month	20 \$ _____
21 Value of unaffixed stamps transferred from another licensed distributor	21 \$ _____
22 Value of stamps purchased during the month (Sch. CF-1, Step 2)	22 \$ _____
23 Value of stamps affixed to original pkgs when purchased - Multiply Step 2, Line 9c by the appropriate mill rate	23 \$ _____
24 Add Lines 20 thru 23. Value of stamps on hand at the beginning of the month plus purchases	24 \$ _____
25 Value of unaffixed stamps transferred to another licensed distributor	25 \$ _____
26 Value of stamps returned for credit	26 \$ _____
27 Add Lines 25 & 26. This is your total deductions.	27 \$ _____
28 Subtract Line 27 from Line 24. This is the total value of stamps to be accounted for.	28 \$ _____
29 Value of all stamps affixed on hand at the end of the month (Sch. CF, Part 3a)	29 \$ _____
30 Value of all stamps not affixed on hand at the end of the month (Sch. CF, Part 3b)	30 \$ _____
31 Add Line 29 & Line 30 -Value of all stamps on hand at the end of the month	31 \$ _____
32 Subtract Line 31 from Line 28 -Value of stamps affixed to original pkgs sold during the month	32 \$ _____

Step 4: Check the reason you are filing this amended return

- I made an error on a schedule or attachment.
- I should have taken a deduction for _____
- The original IBT no. was incorrect. The incorrect IBT no. is _____.
- The original reporting period was incorrect. The incorrect reporting period is _____.
- Other. Please explain. _____

Step 5: Sign below

Under penalties of perjury, I state that I have examined this return and all accompanying schedules, and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this return is filed.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) _____ Date _____/_____/_____

Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) _____ Date _____/_____/_____

